

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005282

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 7 1962

1. PLACE OF DEATH

a. COUNTY

WASHINGTON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

RICHWOODS

RICHWOODS

Length of stay in 1b

51 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

4 MI. S. OF RICHWOODS

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

WASHINGTON

c. CITY

OR TOWN

RICHWOODS

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

4 MI. S. ON HY. # 47

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

TRACY

WHITEFIELD

FARNHAM

4. DATE OF DEATH

Month

Day

Year

FEB. 2 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/2/84

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RET. HY. EMPLOYE

10b. KIND OF BUSINESS OR INDUSTRY

Mo. ST. HY. DEPT.

11. BIRTHPLACE (City and state or country)

ELMYRA NEW YORK

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WHITFIELD FARNHAM

13b. MOTHER'S MAIDEN NAME

MINNIE WILKIN

14. NAME OF HUSBAND OR WIFE

ISRAELLA FARNHAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

ISRAELLA FARNUM, RICHWOODS Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Cerebral Hemorrhage
Arteriosclerosis
Hypertension

INTERVAL BETWEEN ONSET AND DEATH

7 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan. 25, 1962 to

Feb. 2, 1962

and last saw him alive on Feb. 1, 1962

Death occurred at

1 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

Feb. 4 1962

23c. NAME OF CEMETERY OR CREMATORY

HORINE CEMETERY

23d. LOCATION (City, town, or county)

RICHWOODS

23e. (State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

DIETRICH F. HOME DESOTO Mo.

25. DATE RECD. BY LOCAL REG.

2/3/62

26. REGISTRAR'S SIGNATURE

Neil K. Rindall

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donnell B. [Signature]

Licensed Embalmer No. 4104

P. O. Address [Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.